

## EAU CLAIRE PARKS AND RECREATION - ATHLETIC TEAM REGISTRATION CARD

TEAM NAME \_\_\_\_\_

PREFERRED DAY OF PLAY: (CIRCLE ONE) SU M TU W TH  
 LEAGUE: ☐ COED ☐ MEN ☐ WOMEN  
 TEAM STATUS: ☐ NEW ☐ RETURNING

PREVIOUS TEAM NAME (if applicable) \_\_\_\_\_

TELEPHONE (home) \_\_\_\_\_

TEAM MANAGER (name) \_\_\_\_\_

TELEPHONE (work) \_\_\_\_\_

E-MAIL (please print) \_\_\_\_\_

TELEPHONE (cell) \_\_\_\_\_

TEAM MANAGER ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

## FOR OFFICE USE ONLY

INITIALS	DATE	RECEIPT #	AMOUNT PD
League Placement			

## SPORT:

☐ BASKETBALL☐ HOCKEY☐ SOFTBALL☐ Slow Pitch☐ Fast PitchVOLLEYBALL

A B C D E F

☐ Competitive VB☐ Recreational VB

## SPECIAL REQUESTS

(special requests are considered, not guaranteed)

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